MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 594936 FILING DATE
APPLICANT(S)

CLAIN

	,						CLAIM	IS						-
ĺ	'AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
<u></u>	IND.	DEP.	IND.	DEP.	IND.	DEP.]		IND.	DEP.	IND.	DEP.	IND.	DEP.
2	 		<u> </u>				ł	51						
3	 						ł	52 53	<u> </u>			<u> </u>	<u> </u>	
4	 						1	54	-		<u> </u>	 		
5							1	55		_		 		
6			-				1	56						
8							l	57						
1 9							ł	58						
10							ł	59 60						<u> </u>
11							1	61						
12							1	62						
13							ı	63						
14							l	64						
16	_					-	l	65						
17							l	67						
18							1	68				-		
19								69		100				
20 21								70						
22							l	71 72						
23								73					_	
24								74					_	
25								75		***************************************				
26 27								76						
28								77 78						
29					_			79						
30								80						
31								81						
32				-				82						
34								83 84						
35								85	7					
36								86						-
37								87						
39								88						
40.								89 90						
41								91						
42			1				- 1	92					_	
43				\dashv	-		- 1	93						
45							- 1	94						
46				+				95 96						
47							ŀ	97						
48							1	98						
49				\Box				99						
50 TOTAL	_	_	-				- 1	100 TOTAL						
IND.		+		#		1		IND.		+	a	1		
TOTAL, DEP.		+ [← [+	Ì	TOTAL DEP.		•	اک	<u>.</u> I		انہ
TOTAL CLAIMS	8	(X	00000	100		2	1	TOTAL			l l			7
	(REV. 11/04)	ANGELSTANDA		SECOND CONTRACT	8			CLAIMS	T.	S. DEPART	MENT of CO	MMERCE		
									P	atent and Tr	demark Offi	ce		